MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER 1" AMENDMENT 2 ™ AMENDMENT AS FILED AFTER I"AMENDMENT IND. 2 MAMENDMENT DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 24. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP TOTAL

TOTAL CLAIMS

CLAIMS